

AMENDMENT

COVER PAGE

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Please type or print in ink.

NAME (LAST) ZITO	(FIRST) RENEE	(MIDDLE)	DAYTIME TELEPHONE NUMBER 916 445-1943
MAILING ADDRESS (May use business address) 1700 K Street	STREET SACRAMENTO	CITY CA	STATE 95811
ZIP CODE 95811		OPTIONAL FAX / E-MAIL ADDRESS R3ito@ADP.CA.GOV	

1. Office, Agency, or Court

Name of Office, Agency, or Court:

Dept of Alcohol + Drug Programs

Division, Board, District, if applicable:

Your Position:

Director

➔ If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency:

Position:

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ County of _____

☐ City of _____

☐ Multi-County _____

☐ Other _____

3. Type of Statement (Check at least one box)

☐ Assuming Office/Initial

Date: **2/26/07**

☒ Annual: The period covered is January 1, 2007, through December 31, 2007.

-OR-

☐ The period covered is ____/____/____, through December 31, 2007.

☐ Leaving Office Date Left: ____/____/____ (Check one)

☐ The period covered is January 1, 2007, through the date of leaving office.

-OR-

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate

4. Schedule Summary

➔ Total number of pages

including this cover page: **1**

➔ Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes - schedule attached

Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes - schedule attached

Investments (10% or greater Ownership)

Schedule B ☐ Yes - schedule attached

Real Property

Schedule C ☐ Yes - schedule attached

Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☐ Yes - schedule attached

Income - Gifts

Schedule E ☐ Yes - schedule attached

Income - Travel Payments

-OR-

☒ No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed

09/08/08

Signature

(File the originally signed statement with your filing official.)

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ZITO	RENEE		(916) 445-1943	
MAILING ADDRESS (May use business address)	STREET	CITY	STATE	ZIP CODE
1700 K Street	Sacramento	CA	95811	OPTIONAL: FAX / E-MAIL ADDRESS
				rzito@adp.ca.gov

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I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed

February 1, 2008

Signature

(File the originally signed statement with your filing official.)